

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

042

1000

1363

63-043014

STATE FILE NUMBER

Registration District No. Primary Registration District No. Registrar's No.

FILED DEC 2 1963

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
Length of stay in lb 38 years		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 214 East Linn		d. STREET ADDRESS (If outside, give location) 214 East Linn	
Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First BESSIE Middle ARLENE Last WRIGHT			4. DATE OF DEATH Month November Day 23 Year 1963		
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4/8/1920	9. AGE (last birthday) 43	IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) egg candler		10b. KIND OF BUSINESS OR INDUSTRY Hatchery		11. BIRTHPLACE (City and state or country) Corning, Mo.	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Brooks Byous		13b. MOTHER'S MAIDEN NAME Edna Babb	
14. NAME OF HUSBAND OR WIFE Paul C.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT Paul C. Wright, 214 E. Linn, St. Joseph, Mo.		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Uterine Carcinoma DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____ PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH 2 years	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Aug 1956		20f. CITY, TOWN, OR LOCATION Nov 23 1963	
20g. COUNTY 11-19-63		20h. STATE	

21. I attended the deceased from Aug 1956 to Nov 23 1963 and last saw her alive on 11-19-63 Death occurred at 7:15 p. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE J.L. Motherhead	22b. ADDRESS 2603 Frederick
22c. DATE SIGNED 11-26-63	

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 11/26/1963	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) St. Joseph, Mo.
24. FUNERAL DIRECTOR Heaton-Bassman		25. DATE RECD. BY LOCAL REG. Nov. 27, 1963	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUD

AMENDED

VS 300
Rev. 4/59

15117

25117

3

4 1

5 1

6

7 0

8 2

9 175.0

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

J.L. Motherhead (signature)

1-10-40-241

Permit issued 11-25-63

FEB 3 1964

DEC 6 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

William J. Gullberg

Licensed Embalmer No. 4535

P. O. Address

St. Joseph MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.